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WEMMH PTO/SB/17 (07/05)  
Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL

## For FY 2005

### Complete if Known

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1810

Application Number 09/720,663  
Filing Date August 6, 2001  
First Named Inventor AYERS, William M.  
Examiner Name MAYEKAR, Kishor  
Art Unit 1753  
Attorney Docket No. 9017-15

### METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims -20 or HP = Extra Claims Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Independent Claims -3 or HP = Extra Claims Fee (\$)

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims  
Fee (\$) Fee Paid (\$)

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets -100 = Extra Sheets /50 = Number of each additional 50 or fraction thereof Fee (\$)

(round up to a whole number) x Fee Paid (\$)

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): Request 3-month extension of time  
RCE

Fee Paid (\$)  
1020  
790

### SUBMITTED BY:

Signature		Registration No.: (Attorney/Agent)	33,386	Telephone:	(317) 634-3456
Name (Print/Type):	Kenneth A. Gandy	Date:	October 11, 2005		

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Date	October 11, 2005

#367390

WEMMH #317053 (Rev. 7/05)



9017-15.KAG.#367403

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/720,663
	Filing Date	August 6, 2001
	First Named Inventor	AYERS, William M.
	Art Unit	1753
	Examiner Name	MAYEKAR, Kishor
Total Number of Pages in This Submission	Attorney Docket Number	9017-15

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="text"/>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard RCE Response to Previous Office Action
Remarks <input type="text"/>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or individual name	Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>Kenneth A. Gandy</i>
Date	October 11, 2005

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Typed or printed name	Kenneth A. Gandy		
Signature	<i>Kenneth A. Gandy</i>	Date	October 11, 2005

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Matter No./Case No.

Initials/Date: KAG 10/11/05

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03/27/2013 PTO Form 2038 (\$\_\_\_\_\_ Fee)

Serial No. 09/120, 663 ( ) # \_\_\_\_\_ sheets of drawings

( ) Declaration & Power of Attorney

Applicant Ayers, William M. ( ) Assignment & Recordation cover sheet

( ) IDS w/# \_\_\_\_\_ enclosed references

Method and Apparatus Transmittal Form/PTO Form SB21

For Preparation of Fee Transmittal/PTO Form SB 17

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(~~phosphine~~ or) ☒ Request for Extension of Time

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✓ RCE

